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	SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 107 / 737 (check only one)    X	
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)				
	Feingold Senate Committee				
A.	Full Name (Last, First, Middle Initial) Theresa Cowley Mailing Address 13615 Park Cir N		· ·	Date of Receipt	
	City	State Zi	p Code	11 17 2008 Transaction ID: C4308998	
	Elm Grove		3122-2558	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	[C]		200.00	
	Name of Employer TMJ Association	Occupation President		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	Receipt For: 2010  X Primary General  Other (specify) ▼	Election Cycle-to	650.00 650.00	2.3.0. 441a(I)/441a-1)	
В.	Full Name (Last, First, Middle Initial) Cathy Crandell Mailing Address 1916 W Donges Bay Ro	, 1		Date of Receipt	
				10 08 ,2008	
	City		p Code	Transaction ID: C4263420	
	Mequon	WI 5	3092-5510	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	<u>C</u>	and the second discount of the second discoun	100.00	
	Name of Employer Behavioral Consultants,	Occupation Psychologist		Limit Increased Due to Opponent's	
	Inc Receipt For: 2010	Election Cycle-to	-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	X Primary		425.00		
C.	Full Name (Last, First, Middle Initial) Cathy Crandell			Date of Receipt	
	Mailing Address 1916 W Donges Bay Rd			12 17 2008	
	City Meguon		p Code	Transaction ID: C4313242	
	FEC ID number of contributing federal political committee.	C	3092-5510	Amount of Each Receipt this Period 200.00	
	Name of Employer Behavioral Consultants, Inc	Occupation Psychologist	,	Limit Increased Due to Opponent's	
	Receipt For: 2010	Election Cycle-to	-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	X Primary General Other (specify) ▼		425.00	,	
	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	500.00	
TOTAL This Period (last page this line number only)					